## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Make DC Listen	
	C C00570739
Check if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Make DC Listen	09 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 824 S Milledge Ave Ste 101	Amount
City State Zip Code	467.85
Athens GA 30605	Transaction ID : E2CBB3B1681B34154963 Date of Disbursement or Obligation
Purpose of Expenditure Donation Processing  Category/ Type	09 05 7 2015
Name of Federal Candidate Support Office	e Sought: House District: 00
Ted Cruz Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought  Disbut 2016	ursement For:
Full Name of Payee	Date of Public Distribution/Dissemination
Active Engagement	09 08 2015
Mailing Address 44084 Riverside Pkwy, Ste 350	
	Amount
City State Zip Code	295.00
Lansdowne VA 20176-6823	Transaction ID : ED69C2C011E004C0783F Date of Disbursement or Obligation
Purpose of Expenditure Email Marketing Category/	09
Type	09 09 2013
	e Sought: House District:00
Ted Cruz Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought  Disb 2016	ursement For:
<u> </u>	
(a) SUBTOTAL of Itemized Independent Expenditures	762.85
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
• • • • • • • • • • • • • • • • • • •	7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not mouth, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	• • • • • • • • • • • • • • • • • • • •
Paul Kilgore	M / D D / Y = Y = Y
	1 24 2015